

Field Treatment

1. Basic airway
 - ① ②
 2. Oxygen/Pulse oximetry

Note: Consider CPAP for moderate to severe respiratory distress with SBP \geq 100, if available

 - ③ ④ ⑤
 3. Advanced airway prn
 4. Cardiac monitor/document rhythm and attach EKG strip
 5. Venous access prn
- Note:** Absent or diminished breath sounds due to severe bronchospasm – utilize wheezing guideline
- ⑥


Wheezing	Basilar Rales Cardiac Etiology	Poor Perfusion
<p>6. Albuterol 5mg via hand-held nebulizer ☞ May repeat prn</p> <ol style="list-style-type: none"> ① <p>7. Consider epinephrine (1:1000) 0.3mg IM</p> <ol style="list-style-type: none"> ② ③ ④ <p>☞ May repeat every 20 minutes – two times</p> <p>Note: Wheezing may be an initial sign of pulmonary edema, therefore reassess breath sounds frequently</p> <p>8. <u>If Poor Perfusion:</u> See – poor perfusion guideline</p>	<p>6. Nitroglycerin 0.4mg SL or transmucosal if SBP \geq 100 Nitroglycerin 0.8mg SL or transmucosal if SBP \geq 150 Nitroglycerin 1.2mg SL or transmucosal if SBP \geq 200</p> <ol style="list-style-type: none"> ⑤ ⑥ ⑦ <p>☞ May repeat in 3-5 minutes two times, checking vital signs between doses, administer subsequent doses as listed above based on SBP</p> <p>7. <u>If Poor Perfusion:</u> See – poor perfusion guideline</p>	<p>6. Consider 250 ml fluid challenge</p> <p>7. Dopamine 400mg/500ml NS IVPB start at 30 mcgts/minute</p> <ol style="list-style-type: none"> ⑧ ⑨ <p>8. Consultation with base physician strongly recommended</p>

Drug Considerations

Albuterol:

-  ① Pediatrics: **Color Code Drug Doses/ L.A. County Kids**


Epinephrine:

- ② Monitor vital signs frequently after administration
- ③ Caution in patients over 40 years of age due to possible cardiovascular disease
-  ④ Pediatrics: **Color Code Drug Doses/ L.A. County Kids**

Nitroglycerin:

- ⑤ Hold if systolic BP < 100 or patient has taken medication for sexual enhancement within 24-48 hours (Viagra within 24hours)
- ⑥ If hypotension develops, place patient in shock position and prepare to assist ventilations
- ⑦ May administer prior to venous access and CPAP

Dopamine:

- ⑧ Titrate to systolic BP 90-100 and signs of adequate perfusion or to maximum of 120mcgts/minute
-  ⑨ Pediatrics: **Color Code Drug Doses/ L.A. County Kids**

Special Considerations

- ① Acute respiratory distress: consider
 - ✓ Foreign body obstruction
 - ✓ Epiglottitis/Croup
 - ✓ Spontaneous pneumothorax
 - ✓ Inhalation injury
 - ✓ Pulmonary embolus
- ② If breath sounds are clear and patient is perfusing, apply oxygen, cardiac monitor, venous access prn, and reassess en route for possible deterioration
- ③ CPAP may be initiated for moderate or severe respiratory distress at anytime during treatment unless contraindicated
- ④ Providers utilizing CPAP – follow department and manufacturer's recommendations
- ⑤ Monitor vital signs frequently, be prepared to assist ventilations if the patient worsens on CPAP or is unable to tolerate therapy
- ⑥ If suspected allergic reaction/anaphylaxis – follow M1 guideline